

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 249-06		3. Recipient Organization (Name and complete address, including ZIP code) Agrium U.S. Inc., Kenai Nitrogen Operations P.O. Box 575, Kenai, AK 99611		OMB Approval No. 0348-0038		Page of pages	
4. Employer Identification Number 91-1589568		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 8/30/2006		To: (Month, Day, Year) 4/30/2008		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2007		To: (Month, Day, Year) 3/31/2007			
10. Transactions:				I Previously Reported		II This Period		III Cumulative	
a. Total outlays				180,413.70		684,806.26		865,219.96	
b. Recipient share of outlays				87,287.50		425,617.48		512,904.98	
c. Federal share of outlays				93,126.20		259,188.78		352,314.98	
d. Total unliquidated obligations								438,827.66	
e. Recipient share of unliquidated obligations								285,831.26	
f. Federal share of unliquidated obligations								152,996.40	
g. Total Federal share (Sum of lines c and f)								505,311.38	
h. Total Federal funds authorized for this funding period								2,000,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)								1,494,688.62	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed b. Rate c. Base d. Total Amount e. Federal Share N/A N/A							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Note the previously reported recipient cash outlays showed \$87,287.75, but should have been \$87,287.50 due to error.									
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.									
Typed or Printed Name and Title Denise Romans, KNO Accounting Supervisor						Telephone (Area code, number and extension) 907-776-3214			
Signature of Authorized Certifying Official 						Date Report Submitted April 10, 2007			

ACCEPTED
ENTERED